

Instructions

Invoice Number	This is the number assigned by the Contractor for the invoice.
Cost Agreement # (CA#)	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.
Contractor	This box is to be checked if payment is to be made to the Contractor
Owner or Operator/ Responsible Party	This box is to be checked if payment is to be made to the owner/operator of the underground storage tanks or their authorized agent.
Cancelled Checks	Copies of the front and back of the cancelled checks must be submitted to the Department if the Owner/Operator is the payee or if the cost is to be applied to a SUPERB deductible. The cancelled checks should be attached to the invoice form. If you have not received the cancelled check from your banking institution, you may request the Contractor to provide a notarized statement certifying the amount of payment that has been received.
Amount Requested	This is the amount of financial compensation requested for the services performed. The amount requested may not exceed the amount approved by the Department for the tasks performed or the amount billed by the primary Contractor, whichever is less.
W-9/Tax ID	Please submit a W-9, Tax Identification Number if one is not on file with DHEC. DHEC requires a W-9 before payment may be issued to a Contractor or Well Driller.
Base Price + amount from the Assessment Component Invoice	The base price is the standardized amount allowed for the Initial Ground-Water Assessment. Please attach the Assessment Component Invoice for any footage over 25 feet and sampling of any potential receptor (e.g. potable/irrigation wells, streams.)
Total Amount Requested = base amount \$ _____ + \$ _____ Component Invoice amount	



ASSESSMENT COMPONENT INVOICE
SOUTH CAROLINA
 Department of Health and Environmental Control
 Underground Storage Tank Program
 State Underground Petroleum Environmental Response Bank Account

Facility Name _____
 UST Permit # _____ Cost Agreement # _____

ITEM	QUANTITY	UNIT	UNIT PRICE	TOTAL
1. Plan*				
A. Plan Preparation		x	\$100.00	\$
B. Tax Map		x	\$50.00	\$
2. Receptor Survey *		x	\$500.00	\$
3. Comprehensive Survey		x	\$1,000.00	\$
4. Mob/Demob				
A. Equipment		x	\$500.00	\$
B. Personnel		each x	\$250.00	\$
C. Adverse Terrain Vehicle		each x	\$500.00	\$
5. Soil Borings (hand auger)*		feet x	\$14.00	\$
6. Soil Borings (drilled) & Field Screening		feet x	\$17.00	\$
7. Soil Leachability Model		each x	\$200.00	\$
8. Abandonment*		feet x	\$4.00	\$
9. Well Installation*				
A. Water Table (hand auger)		feet x	\$20.00	\$
B. Water Table (drilled)		feet x	\$38.00	\$
C. Telescoping		feet x	\$58.00	\$
D. Rock Drilling		feet x	\$58.00	\$
10. Groundwater Sample Collection				
A. Groundwater		samples x	\$55.00	\$
B. Air Vapor		samples x	\$90.00	\$
C. Water Supply		samples x	\$25.00	\$
D. Groundwater No Purge		samples x	\$35.00	\$
E. Gauge Well only		per well x	\$20.00	\$
11. Analyses-Groundwater	(See Analytical Methodology for analyses)			
A. BTEX+Napth.+MTBE		samples x	\$100.00	\$
B. Rush BTEX analysis		samples x	\$120.00	\$
C. BTEX+Napth.+MTBE+Trimethylbenzene		samples x	\$135.00	\$
D. PAH's		samples x	\$120.00	\$
E. Lead		samples x	\$20.00	\$
F. EDB		samples x	\$55.00	\$
G. 8 RCRA Metals		samples x	\$140.00	\$
H. TPH (9070)		samples x	\$55.00	\$
I. pH		samples x	\$10.00	\$
J. BOD		samples x	\$40.00	\$
K. Nitrate		samples x	\$20.00	\$
L. Sulfate		samples x	\$20.00	\$
M. Ferrous Iron		samples x	\$20.00	\$
N. Methane		samples x	\$110.00	\$
O. Organic Lead		samples x	\$100.00	\$
P. 8 Oxygenates		samples x	\$85.00	\$

Continue on next page

11. Analyses-Soil				
Q. BTEX + Napth.		samples x	\$100.00	\$
R. PAH's		samples x	\$120.00	\$
S. 8 RCRA Metals		samples x	\$150.00	\$
T. TPH (9071)		samples x	\$60.00	\$
U. TPH (3550B/8015B)		samples x	\$65.00	\$
V. TPH (5030B/8015B)		samples x	\$65.00	\$
W. Grain size/hydrometer		samples x	\$75.00	\$
X. Total Organic Carbon		samples x	\$35.00	\$
11. Analyses-Air				
Y. BTEX + Napth.		samples x	\$100.00	\$
Z. Hydrocarbon Fuel Identification		samples x	\$593.00	\$
12. Aquifer Characterization*				
A. Pumping Test		hours x	\$120.00	\$
B. Slug Test		tests x	\$150.00	\$
13. Free Product Recovery Rate Test*		tests x	\$120.00	\$
14. Fate/Transport Modeling				
A. Mathematical Model		each	\$300.00	\$
B. Computer Model		each	\$500.00	\$
15. Risk Evaluation				
A. Tier 1 Risk Evaluation		x	\$300.00	\$
B. Tier II Risk Evaluation		x	\$500.00	\$
16. Subsequent Survey*		x	\$260.00	\$
17. Disposal*				
A. Wastewater				
1. Purging/Sampling		drums x	\$90.00	\$
2. Pumping Test/EFR		gallons x	\$0.60	\$
B. Free Product		drums x	\$110.00	\$
C. Soil (Treatment/Disposal)		tons x	\$50.00	\$
18. Miscellaneous (attach receipts)				
		x		\$
		x		\$
		x		\$
20. Tier I Assessment (Use DHEC 3665 form)				
21. IGWA (Use DHEC 3666 form)				
22. Corrective Action (Use DHEC 3687 form)				
23. EFR				
A. 8-hour Event*		each x	\$3,000.00	\$
B. Additional Hour		per hour x	\$204.00	\$
C. Off-gas treatment		per hour x	\$35.00	\$
24. Granulated Activated Carbon (GAC) filter system installation & service:				
A. New GAC System Installation*		each x	\$2,500.00	\$
B. Refurbished GAC Sys. Install*		each x	\$850.00	\$
C. Filter replacement/removal*		each x	\$450.00	\$
D. GAC System removal, cleaning, & refurbishment*		each x	\$450.00	\$
E. GAC System housing		each x	\$450.00	\$
F. In-line particulate filter		each x	\$140.00	\$
G. Additional piping & fittings		feet x	\$4.00	\$
19. Report/Project Management and Coordination	15.00%	x		\$
25. TOTAL				\$

*The appropriate mobilization cost can be added to complete these tasks, as necessary



ASSESSMENT COMPONENT INVOICE
SOUTH CAROLINA
Department of Health and Environmental Control (DHEC)
Underground Storage Tank Program

ASSESSMENT COMPONENT INVOICE

UST PERMIT # _____ COUNTY _____
FACILITY NAME _____
STREET ADDRESS _____
INVOICE # _____ COST AGREEMENT # _____
For work performed during (specify time period) _____ to _____
MM/DD/YYYY MM/DD/YYYY

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree, in accordance with any DHEC DHEC demand letter, to promptly repay any overpayment received.

****Please fill out BOTH the Contractor and Responsible Party Sections (original signatures). Also indicate the Payee by placing a check in the box next to the Contractor or Responsible Party.****

CONTRACTOR was Payee OR

OWNER OR OPERATOR/RESPONSIBLE PARTY was Payee
(Please attach copies of cancelled checks both front and back)

Name of Contractor (Type or Print)

Company

Telephone Number

Address

City

State

Zip Code

Signature (please use non-black ink)

Title

Date Signed
MM/DD/YYYY

Name of Owner or Operator Responsible Party

Federal Tax ID or Social Security Number

Company

Telephone Number

Address

City

State

Zip Code

Signature (please use non-black ink)

Title

Date Signed

If payment is to be sent to an address other than above, please indicate below:

Name of Individual or Company (please print)

Federal Tax ID or Social Security Number

Address

City

State

Zip Code

INVOICE AMOUNT:\$ _____

LESS SUBMITTED/PAID:\$ _____

WELL DRILLING COSTS:\$ _____

AMOUNT REQUESTED:\$ _____

Amount Requested is for Assessment activities as Defined in the SCDHEC Letter.

SCDHEC USE ONLY

\$

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